

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

191887 524  
APPLICANT(S)

FILING DATE

6-21-01

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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48		/				
49		/				
50	/					
TOTAL IND.	7					
TOTAL DEP.	57					
TOTAL CLAIMS	58					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53		/				
54	/					
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BEST AVAILABLE COPY